PTO/SB/81 (11-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/584,210	
Filing Date		
First Named Inventor	Pitiot et al	
Title		
Art Unit		
Examiner Name		
Attorney Docket Number	15455NP	

I hereby revoke all previo	ous powers of attorney giv	en in the abo	ove-ide	entified application.	
I hereby appoint:]	
Practitioners associated	with the Customer Number:		000	0293	
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Practitioner(s) named be	elow:				
	Name			Registration Number	
Raiph A. Dowell				26868	
Wendy M. Slade				53604	
					<u> </u>
as mylour attorney(s) or agent(Trademark Office connected th	 s) to prosecute the application is erewith. 	dentified above,	and to	transact all business in the United States Patent	and
	e correspondence address for the ed with the above-mentioned Co			lication to:	
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Firm or Individual Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.C			
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Assignee of record of Statement under 37 C	the entire interest. See 37 CFR CFR 3.73(b) is enclosed. (Form in	3.71. PTO/SB/96)			
	SIGNATURE of	Applicant or A	ssignee	e of Record	·.
Signature	X 1-			Date 26 Join 2	006
Name H/D	NOT Serge			Telephone	- ·
Title and Company					•
NOTE: Signatures of all the inventor signature is required, see below*.	ors or assignees of record of the enti	re interest or their	represer	ntative(s) are required. Submit multiple forms if more th	an one
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Filing Date		
First Named Inventor	Pitiot et al	
Title		-
Art Unit		
Examiner Name		
Attorney Docket Number	15455NP	

I hereby revoke all previous	s powers of attorney given in the ab	ove-id	entified applic	ation.		
I hereby appoint:						
✓ Practitioners associated with the Customer Number: 000293						
OR						
Practitioner(s) named below	v:					
	Name	-	Registra	tion Numb	er	
Ralph A. Dowell			2	26868		
Wendy M. Slade			5	3604		
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Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number:						
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Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE of Applicant or A	ssignee	of Record			
Signature	15			Date .	28 pure had	
	François			Telephon	e V	
Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one						
NOTE: Signatures of all the inventors of signature is required, see below*.	or assignees of record of the entire interest or their	represer	native(s) are requir	ea. Submit i	multiple forms if more than one	
x *Total of 3 for	ms are submitted.					

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First Named Inventor	Pitiot et al		
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Art Unit			
Examiner Name			
Attorney Docket Number	15455ND		

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated	with the Customer Number:		0002	293			
OR							
Practitioner(s) named be	Practitioner(s) named below:						
	Name			Regis	stration Number		
Ralph A. Dowell					26868		
Wendy M. Slade					53604		
as mylour attorney(s) or agent Trademark Office connected the	(s) to prosecute the application id nerewith.	entified above	and to to	ransaci all bu	usiness in the Ur	nited States Patent and	
Please recognize or change th	e correspondence address for the	e above-identif	ied applic	cation to:			
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OR OR	red with the above-mentioned Cd	Stome: Manipe	···			-	
		•	000293	3			
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l am the: X Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	(litia)				Date	26 jun 100.	
Name PI	TIOT Pascal				Telephone	0	
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
x *Total of 3 forms are submitted.					·		

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